

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

6

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
MR LAWRENCE G.
NICKNAME LAST SUFFIX
ROMO

OFFICE USE ONLY

Date Received

003 JUL 15 AM 10:34

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Date Hand-delivered or Date Postmarked

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2906 WoodKnoll 219-1905
SAN ANTONIO, TX 78251

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MR. Johnny
NICKNAME LAST SUFFIX
Reyes JR.

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

7585 Ingram Rd #308, SAN ANTONIO, TX 78251

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 681-0080

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year
01 / 01 / 03 THROUGH Month Day Year
06 / 30 / 03

10 ELECTION

ELECTION DATE
Month Day Year
05 / 07 / 05
ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

City Council, District 6

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Lawrence G. Romo

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE

FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

240.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

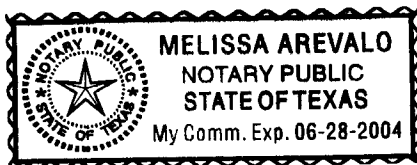
698.50

OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Lawrence G. Romo

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lawrence G. Romo, this the 15th day of July, 20 03, to certify which, witness my hand and seal of office.

Melissa Arevalo

Signature of officer administering oath

Melissa Arevalo

Printed name of officer administering oath

Notary Public

Title of officer administering oath

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2003 JUL 15 AM 10:34

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

2003 JUL 15 AM 10:34

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1

2 FILER NAME

Lawrence G. Romo

3 ACCOUNT # (Ethics Commission filers)

4 Date

16
MAY
03

5 Full name of contributor

☐ out-of-state PAC (ID#:

DR WILLIAM HAMON

6 Contributor address; City; State; Zip Code

7811 BRAUN CIRCLE
SAN ANTONIO, TX 782507 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

School Principal

10 Employer (Optional)

SWISD

Date

28
MAY
03

Full name of contributor

☐ out-of-state PAC (ID#:

ERIC HARMON

Contributor address; City; State; Zip Code

202 S. POINSETTIA
LOS ANGELES, CA 90036Amount of
contribution (\$)

\$40.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Attorney

Employer (Optional)

City of Los Angeles

Date

05
JUN
03

Full name of contributor

☐ out-of-state PAC (ID#:

PATRICK ROMO

Contributor address; City; State; Zip Code

14122 Churchill Estates Blvd
SAN ANTONIO, TX 78248 #103AAmount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Brother

Employer (Optional)

Date

17
JUN
03

Full name of contributor

☐ out-of-state PAC (ID#:

LOU VILLAGOMEZ

Contributor address; City; State; Zip Code

5029 Bromley DR
Corpus Christi, TX 78148Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Police Officer & USAF Reserves

Employer (Optional)

Corpus Christi (City)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

2003 JUL 15 AM 10:36

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

Lawrence G. Nomo

3 ACCOUNT # (Ethics Commission filers)

4 Date

7

JAN
03

5 Payee name

Chip Hass Campaign

6 Payee address; City; State; Zip Code

PO Box 171121

San Antonio, TX 78217

7 Amount
(\$)

\$100.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Donation

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

8

Feb
03

Payee name

Ant A. Hall Campaign

Payee address; City; State; Zip Code

PO Box 866

San Antonio, TX 78293

Amount
(\$)

\$60.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Donation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

9

Feb
03

Payee name

Julian Castro Campaign

Payee address; City; State; Zip Code

5100 NW Loop 410 #2405

San Antonio, TX 78229

Amount
(\$)

\$60.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Donation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11

Feb
03

Payee name

Northwest Vista College

Payee address; City; State; Zip Code

3535 N. Ellison Dr

San Antonio, TX 78251

Amount
(\$)

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Donation to Braille
Transcription Program

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

2003 JUL 15 AM 10:34

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 3
2 FILER NAME Lawrence G. Romo		3 ACCOUNT # (Ethics Commission filers)
4 Date 21 MAR 03	5 Payee name Tom Lopez Campaign 6 Payee address; City; State; Zip Code 305 S. Nueces SAN ANTONIO, TX 78207	7 Amount (\$) \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Donation		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 25 APR 03	Payee name Congressman Ciro Rodriguez Campaign Payee address; City; State; Zip Code PO Box 14528 SAN ANTONIO, TX 78214	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Campaign Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10 MAY 03	Payee name BANK of AMERICA Payee address; City; State; Zip Code FT SAN BANKING CTR SAN ANTONIO, TX 78208	Amount (\$) \$12.00
Purpose of payment (See instructions regarding type of information required.) Check Reorder		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 19 MAY 03	Payee name US Postal Service Payee address; City; State; Zip Code 515 Pierce San Antonio, TX 78208	Amount (\$) \$86.50
Purpose of payment (See instructions regarding type of information required.) Postage stamps & Post cards		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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POLITICAL EXPENDITURESCITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

2003 JUL 15 AM 10:34

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3

2 FILER NAME

LAWRENCE G. ROMO

3 ACCOUNT # (Ethics Commission filers)

4 Date

26
JUN
03

5 Payee name

TeShia Warehouse

6 Payee address; City; State; Zip Code

1424 Callaghan Rd
San Antonio, TX 782287 Amount
(\$)

\$ 130.00

8 Purpose of payment (See instructions regarding type of information required.)

Edgewood Area Youth
Basketball Team Jerseys

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

